

**MOTOR VEHICLE USAGETAX
 MULTI-PURPOSE FORM**



SECTION A

Date _____

Plate Number _____ Title Number _____

Vehicle Identification Number (VIN) _____

Registration County _____ Year _____ Make _____ Model _____

Registration Applicant's Name _____
 (Signature required on back of form for proper completion.)

SECTION B

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EXEMPTION CLAIMED PER KRS 138.470

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|-------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> U.S./State/Local Government* | <input type="checkbox"/> Charitable/Education* |
| <input type="checkbox"/> Husband/Wife | <input type="checkbox"/> Military Exempt* |
| <input type="checkbox"/> Name Change* | <input type="checkbox"/> (Step)Parent/(Step)Child/Grandparent/Grandchild |
| <input type="checkbox"/> Court Order/Will* | <input type="checkbox"/> Corporation/Proprietorship (LLC)* |
| <input type="checkbox"/> LLC/Members* | <input type="checkbox"/> Corporation/Subsidiary (LLC)* |
| <input type="checkbox"/> Redeemed* | <input type="checkbox"/> Repossession* |

** Documentation must be provided. Exemption cannot be claimed without all requested information.*

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I, _____, _____, am the _____ of _____.
 (Printed Name) (Signature) (Relationship) (Name)

I, _____, _____, am the _____ of _____.
 (Printed Name) (Signature) (Relationship) (Name)

I, _____, _____, am the _____ of _____.
 (Printed Name) (Signature) (Relationship) (Name)

I, _____, _____, am the _____ of _____.
 (Printed Name) (Signature) (Relationship) (Name)

All Persons Involved in a Multi-line Transfer Must be Kentucky Residents.

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SECTION C

Under penalties of perjury, I _____, _____, _____, _____,
 _____ (Name) _____ (Grade),
 _____ (Service Number), declare that I am a resident of _____ and am
 stationed in Kentucky at _____ on active military duty under orders of the United States
 _____ (Military Base)
 Government.

 (Signature of Serviceperson Claiming Exemption) (Date)

*(Applicable to nonresidents stationed in Kentucky who purchase a vehicle from Kentucky dealers only.)
 Copy of Current Leave Earning Statement Less than 120 Days Old Must be Attached*

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KRS 190.990(5) provides that any person who willfully and fraudulently submits a false statement as to the total and actual consideration paid for a motor vehicle is guilty of a Class D felony and subject to a fine of not less than \$2,000 per offense.

SECTION D

Complete this section for **all** transactions involving modified vehicles and those to which major equipment has been added, if **not** using Form 71A100 and or TC 96-182. This form will not be accepted without proper documentation (contract, bill of sale, front and back of cancelled check, etc.).

*When using this form, taxable value of the modified, customized or converted vehicle shall not be less than the **retail value** shown in the price reference manual for the vehicle without the modification.*

- | | |
|-------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Box/Flatbed | <input type="checkbox"/> Bus/Limousine |
| <input type="checkbox"/> Tank/Sprayer | <input type="checkbox"/> Bucket/Lift/Cherry Picker |
| <input type="checkbox"/> Packer/Garbage | <input type="checkbox"/> Drill Body/Winch |
| <input type="checkbox"/> Custom Truck/Van | <input type="checkbox"/> Ambulance/Hearse |
| <input type="checkbox"/> Dump/Mixer | <input type="checkbox"/> Other* |
| <input type="checkbox"/> Wrecker/Rollback | |

Purchase Price \$ _____

If "Other," specify _____ Revenue Code Number _____

*** Those vehicles not listed in the prescribed reference manual, and those not modified, customized or converted, must have a Revenue Code Number accompanying this form.**

SECTION E

The portion of the retail price attributable to equipment or adaptive devices placed on new motor vehicles to facilitate or accommodate handicapped persons is exempt from motor vehicle usage tax. Documentation of amount paid for such equipment or adaptive devices must be submitted with this certification.

Price Without Trade or Before Trade \$ _____

Portion of Price Attributable to Handicapped Equipment or Adaptive Devices \$ _____

Printed Name _____ Date _____

Signature _____

Please Note: For those vehicles whose values are not found in the price reference manuals provided to each county clerk's office, contact the Motor Vehicle Usage Tax Section at (502) 564-4455.